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FILED
U. S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

SEP 26 2018

JAMES W. MCCORMACK
FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983BY: _____ IN THE UNITED STATES DISTRICT COURT JAMES W. MCCORMACK, CLERK
FOR THE EASTERN DISTRICT OF ARKANSAS BY: _____
DIVISION _____ DEP. CLERKCASE NO. 4:18CV712-DPM-JTKJury Trial: ☒ Yes ☐ No
(Check One)

I. Parties

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.A. Name of plaintiff: Antonio Lavell Sanders Sr.
ADC # NONEAddress: 960 W. Scenic Dr. Apt #524, North Little Rock, AR 72114Name of plaintiff: Kray Parker (witness)
ADC # _____Address: 3201 W. Roosevelt Rd. Little Rock, AR 72209Name of plaintiff: _____
ADC # _____This case assigned to District Judge Marshall
and to Magistrate Judge Kearney

Address: _____

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.B. Name of defendant: Nurse GilfordPosition: LPN / NursePlace of employment: Pulaski County Regional Detention FacilityAddress: 3201 W. Roosevelt Rd. Little Rock, Ar 72204Name of defendant: Deputy PaulPosition: PCPDF Deputy

AS
9-20-2018Place of employment: Pulaski County Detention FacilityAddress: 3201 W. Roosevelt Rd. Little Rock, ARName of defendant: Doc HollidayPosition: SheriffPlace of employment: Pulaski County Detention FacilityAddress: 3201 W. Roosevelt Rd. Little Rock, ARName of defendant: Turn Key HealthPosition: medical Staffing for PCRDFPlace of employment: Pulaski County Regional Detention FacilityAddress: 3201 W. Roosevelt Rd, Little Rock, AR 72209

II. Are you suing the defendants in:

- ☐ official capacity only
☐ personal capacity only
☒ both official and personal capacity

III. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

- ☐
- Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

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☐ Court (if federal court, name the district; if state court, name the county):

☐ Docket Number: _____

☐ Name of judge to whom case was assigned: _____

☐ Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

☐ Approximate date of filing lawsuit: _____

☐ Approximate date of disposition: _____

IV. Place of present confinement: Pulaski County Detention Facility

V. At the time of the alleged incident(s), were you:
(check appropriate blank)

☒ in jail and still awaiting trial on pending criminal charges

☐ serving a sentence as a result of a judgment of conviction

☐ in jail for other reasons (e.g., alleged probation violation, etc.)
explain: _____

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

A. Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes ☒ No ☐

B. Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

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If not, why? _____

VII. Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I Antonio L. Sanders Sr., came to Pulaski County jail August 4, 2018, and I have been in B-Unit since August 22, 2018, and since I have been this Unit I have been given someone else's medication on two different occasions. During the morning pill call of September 7, 2018, Nurse Gilford was suppose to only give me a cold pack for a head cold, but instead gave another inmate's medication, that had the same last name as mines. Before I took the medication, I informed the Deputy and Nurse that the medication was not in my charts and that I've never taken it before. Nurse Gilford insisted that I take the pills and that the medication was prescribed to me. After I took the pills, she read her charts again and noticed she gave another inmate's medication. I came back to my cell, and I began to feel dizzy, nauseous, and vomiting. My cellmate "Kray Parker" called the Deputy to our cell for help, and she asked me why did I take the pills, she stated "Your a grown man, why would you take some medication that is not yours". I asked her to call the Sgt. on Duty and the Nurse, but she never did either.

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If not, why? _____

VII. Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I have been in B-unit since August 22, 2018, and I have been given other inmates medication by different different nurses on several occasions. On September 7, 2018 during morning pill call (Nurse Gilford) was only suppose to give me a cold pack, but instead she insisted I take the medication I never have taken. She read her charts and told me the pills were prescribed to me. After I took the pills, she read her charts again, and noticed that she gave me another inmates medicine. The deputy on duty called Sgt. Massidig, who had me fill out a grievance. September 19, 2018 during the morning pill call (Nurse Starks) gave me another inmate, same last name medication, and after I took the medicine he told me that he made a mistake. There were several inmates that witnessed this incident, including the Unit Guard. Since August 22, 2018, I have been given another inmates medication 5 times, and have filed three grievances for this type of incident. I am a disabled military veteran, I do not deserve this treatment. I am serviced connected with (PTSD) and the incident caused me to have seizures, anxiety attacks, and I am traumatized that it -7- may happen again.

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VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I seek the sum of (7.5 million) for the medical malpractice errors that I recieved from the medical Staff members and failure to respond to an emergency situation by a professionally trained Deputy, which caused physical and mental stress, including seizures and pain & suffering, a life threatening incident, due to lack of judgement. (negligance)

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this 20th day of September, 2018.

Antonio J. Sanders R-unit
Kroy Parker R-Unit #304

Signature(s) of plaintiff(s)

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Please Respond To This Emergency!!!

GRIEVANCE FORM

ONLY ONE (1) GRIEVANCE PER SHEET

FOR OFFICE USE ONLY
Date Received

Inmate's Name: Antonio L Sanders Intake #: 152534
Unit: B-304 Job Assignment: NONE

Have you discussed this problem with your Unit Deputy? Yes ☒ No ☐

Provide a description, or explain the nature of your problem:

September 7th, 2018, while during the morning pill call, Nurse Gifford administered me another inmates medication and was notified more than once that the medicine she insisted I take was not in my charts. Deputy Brey was on duty and never responded to the matter even tho she witnessed everything and did not call for emergency response team. I waited 3-4 hours before Sgt. Massidig arrived and called for a nurse to come evaluate me. a grievance was filed, and deputy Brey signed the receipt.

What do you want to happen to solve your problem?

I would like for the situation to be viewed by a higher ranked staff and to seek legal attention for the pain & suffering

Inmate's Signature: Antonio Sanders Date: 9/7/18

Is this an emergency situation? Yes ☒ No ☐ If so, explain why.

a medical error by a licensed practitioner occurred while under the deputy supervision and witness by other unit inmates

(An emergency situation is one in which you may be subject to a substantial risk of bodily harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any department employee who will sign the attached emergency receipt, give you the receipt and deliver the remaining for without undue delay, to the Watch Commander, or designee. Reprisals: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Watch Commander.

Abuse of this program will result in disciplinary action.

Tear Here

To be completed by the receiving member:

RECEIPT FOR EMERGENCY SITUATIONS

Received from which inmate? : _____ Intake #: _____

Date: _____ Time: _____

Printed Name of receiving member

D.S.N.

Signature of receiving member

9-20-18
a.s.s

GRIEVANCE FORM

ONLY ONE (1) GRIEVANCE PER SHEET

FOR OFFICE USE ONLY:	
Date Received:	

Inmate's Name: Antonio L. Sanders Sr. Intake #: 152534
 Unit: H-Unit Job Assignment: NONE

Have you discussed this problem with your Unit Deputy? Yes ☒ No ☐

Provide a description, or explain the nature of your problem:

September 19, 2018, during the MORNING pill call, Nurse
Starkis gave me another inmate (Marcus Sanders)
medication, and I took it before the Nurse.
After I swallowed the medicine, he told me that
the medicine wasn't mine. There were several inmates
that witnessed this incident, and also the unit Guard.
I am feeling sick and unwell, and vomiting constantly.
this is the 5th time since Aug 22, 2018, that I
have been given someone else medication, and
the third Grievance Form I have filed for this
type of incident. Thank you

What do you want to happen to solve your problem?

I want to be treated by the main provider

Inmate's Signature: Antonio Sanders Date: 9-20-18

Is this an emergency situation? Yes ☒ No ☐ If so, explain why.

A medical malpractice error that caused me to have
a bad physical reaction.

(An emergency situation is one in which you may be subject to a substantial risk of bodily harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any deputy or department employee who will sign the attached emergency receipt, give you the receipt and deliver the remaining form without undue delay, to the Watch Commander, or designee. Reprisals: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Watch Commander.

Abuse of this program will result in disciplinary action.

Tear Here

To be completed by the receiving member:

RECEIPT FOR EMERGENCY SITUATIONS

Received from which inmate? : _____ Intake #: _____

Date: _____ Time: _____

Printed Name of receiving member

D.S.N.

Signature of receiving member

Branch Directive D05-0001

Inmate's Name: _____ Intake #: _____ Grievance #: _____

GRIEVANCE OFFICER'S DECISION

Signature of Grievance Officer or Designee

Title

D.S.N.

Date

Signature of inmate receiving response

Date

INMATE'S APPEAL

If you are not satisfied with this response you may appeal this decision within ten (10) days by completing the information below. Remember, you are appealing the decision concerning the original complaint.

Do not list any additional issues which are not part of your original complaint.

Why do you not agree with this response?

Inmate's Signature

Intake Number

Date

APPEAL RESPONSE

Signature of Chief or Designee

Title

D.S.N.

Date

Inmate's Signature

Intake Number

Date

If you leave the P.C.R.D.B. and do not receive a response to your grievance, you may write us for the official response. You must include a self-addressed stamped envelope and your request to the attention of the Grievance Officer at the Pulaski County Re-Entrant Detention Facility.

3201 W. Roosevelt Rd., Little Rock, AR 72203

Do Not Write In These Spaces

To be completed by the receiving member:

RECEIPT FOR EMERGENCY SITUATIONS

Received from which inmate? : Sandus Intake #: 150534

Date: 9/23/18 Time: 1428

J. Ledford 4479 J. Ledford
Printed Name of receiving member D.S.N. Signature of receiving member

To be completed by the receiving member:

RECEIPT FOR EMERGENCY SITUATIONS

Received from which inmate? : _____ Intake #: _____

Date: _____ Time: _____

Printed Name of receiving member

4409

D.S.N.

Deputy Paul

Signature of receiving member

Antonio L. Sanders

960 W. Scenic Rd. Apt #524

North Little Rock, AR 72214

JOHNS COUNTY
REGIONAL DETENTION
FACILITY

7220133323 0041

United States District Court

Richard Sheppard Donald Clerk's Office US Courthouse

1600 W. Capitol Ave. Suite A-149

Little Rock, AR 72201-3323

